



Congressman Steve Russell

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PRIVACY RELEASE and CONSTITUENT INFORMATION FORM

Pursuant to Public Law 93-579, the Privacy Act, I hereby authorize Congressman Steve Russell and/or his staff to request and receive information from any appropriate federal agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic, or any other means of communication. The federal agency or department is authorized to furnish copies of any documents, correspondence, or information relative to my inquiry until the matter is resolved. Constituents should never pay anyone a fee for services this office provides.

Name: _____
FIRST MIDDLE LAST

Address: _____

City _____ State _____ ZIP code _____

Date of birth: _____ Social Security Number: _____

Telephone: Home _____ Work _____

Fax _____ Cell _____

Email: _____

CASE INFORMATION

Briefly explain the problem and attach copies of any relevant documentation. (Use additional paper if more space is needed.)

Has another Congressional or Senate office been contacted regarding this issue? Yes _____ No _____

If yes, please list the office: _____

I hereby declare that I am currently a resident of the 5th District of Oklahoma and that the information contained in this release is truthful and complete to the best of my knowledge. *If you are signing on behalf of another, please provide a copy of your authority to do so (Power of Attorney, etc.).

Signature or mark: _____ Date: _____

Printed name: _____

PERMISSION: You have my permission to discuss my case with the following person(s): _____

Please proceed to page 2 of this document.

ADDITIONAL INFORMATION

Please complete **ONLY** the sections that apply to your inquiry. If you do not know the requested information, leave the space blank.

Social Security

Current level of claim: ___ New claim ___ Reconsideration ___ Hearing ___ Appeals Council ___ Federal Court

Immigration

Beneficiary Information (Please attach additional pages if more space is needed.)

Name: _____

Address: _____

City _____ State _____ ZIP code _____

A Number: _____ Receipt Number: _____

Date of Application: _____

Internal Revenue Service

Company name (if applicable): _____

Your relationship to the business: _____

EIN (if applicable) #: _____

Type of tax (income, employment, etc.): _____

Tax years: From _____ To _____ Tax Form _____

I give TPA permission to contact the constituent directly regarding this inquiry. Initials: _____

Medicare or Worker's Compensation

Medicare Number: _____ OWCP Number: _____

Veterans' Affairs and Military

VA Case/C-File #: _____ Branch of Service: _____

Rank/Grade: _____ Dates of Service: _____ Duty Station: _____

Passport

Date of Application: _____ Locator #: _____ Date of Travel: _____

Destination: _____ Did you pay to expedite the application? ☐ Yes ☐ No